

2170

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

STANDARD CERTIFICATE OF DEATH		Arizona State Board of Health		BUREAU OF VITAL STATISTICS		STATE FILE NO. 337	
1. PLACE OF DEATH				COUNTY Mohave		STATE ARIZONA	
TOWNSHIP Oatman				OR VILLAGE		REGISTERED NO. 60	
CITY Oatman				NO.		ST.	
(IF DEATH OCCURRED IN HOSPITAL OR INSTITUTION, GIVE ITS NAME INSTEAD OF STREET AND NUMBER)				WARD			
LENGTH OF RESIDENCE IN CITY OR TOWN WHERE DEATH OCCURRED YRS. 3 MOS. DS.				HOW LONG IN U. S. IF OF FOREIGN BIRTH YRS. MOS. DS.			
2. FULL NAME Albert Pastrana				HOW LONG IN STATE WHEN DEATH OCCURRED YRS. 20 MOS. DS.			
(A) RESIDENCE NO. Oatman				ST. WARD			
(USUAL PLACE OF ABODE)				(IF NON-RESIDENT, GIVE CITY OR TOWN AND STATE)			
PERSONAL AND STATISTICAL PARTICULARS							
3. SEX M		4. COLOR OR RACE Mexican		5. SINGLE, MARRIED, WIDOWED, OR DIVORCED, (WRITE THE WORD) single			
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF							
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 1900							
7. AGE YEARS 36		MONTHS		DAYS		IF LESS THAN 1 DAY, HRS. OR MIN.	
8. TRADE, PROFESSION, OR PARTICULAR KIND OF WORK DONE, AS SPINNER, SAWYER, BOOKKEEPER, ETC. Miner		9. INDUSTRY OR BUSINESS IN WHICH WORK WAS DONE, AS SILK MILL, SAW MILL, BANK, ETC. Gold & silver					
10. DATE DECEASED LAST WORKED AT THIS OCCUPATION (MONTH AND YEAR)		11. TOTAL TIME (YEARS) SPENT IN THIS OCCUPATION					
12. BIRTHPLACE (CITY OR TOWN) Gold Rock							
(STATE OR COUNTY) Calif.							
13. NAME Dolores Pastrana		14. BIRTHPLACE (CITY OR TOWN) Chihuahua					
(STATE OR COUNTY) Mexico		15. MAIDEN NAME Francisca Ochva					
16. BIRTHPLACE (CITY OR TOWN) Piticito		(STATE OR COUNTY) Sonora					
17. INFORMANT Gilbert Pastrana							
(ADDRESS) Kingman, Ariz							
18. BURIAL, CREMATION, OR REMOVAL PLACE Kingman, Ariz DATE 7-29, 1936							
19. EMBALMER { LICENSE NO. 139		SIGNATURE Ray E. Marter					
FUNERAL DIRECTOR Ray E. Marter		ADDRESS Kingman, Ariz					
20. FILED 7-29-36, 1936 Registrar							
MEDICAL CERTIFICATE OF DEATH							
21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7-26, 1936							
22. I HEREBY CERTIFY THAT I ATTENDED DECEASED FROM 19 TO 19							
I LAST SAW HIM ALIVE ON 19; DEATH IS SAID TO HAVE OCCURRED ON THE DATE STATED ABOVE, AT M.							
THE PRINCIPAL CAUSE OF DEATH AND RELATED CAUSES OF IMPORTANCE WERE AS FOLLOWS: CORONER'S JURY VERDICT							
Gunshot wound inflicted by Deputy Sheriff Brocky Shannon in the performance of his duty.							
OTHER CONTRIBUTORY CAUSES OF IMPORTANCE:							
NAME OF OPERATION DATE OF							
WHAT TEST CONFIRMED DIAGNOSIS? WAS THERE AN AUTOPSY?							
23. IF DEATH WAS DUE TO EXTERNAL CAUSES (VIOLENCE) FILL IN ALSO THE FOLLOWING: ACCIDENT, SUICIDE, OR HOMICIDE? DATE OF INJURY 7-26-36							
WHERE DID INJURY OCCUR? Oatman, Mohave, Ariz. (SPECIFY CITY OR TOWN, COUNTY AND STATE)							
SPECIFY WHETHER INJURY OCCURRED IN INDUSTRY, IN HOME, OR IN PUBLIC PLACE Near Oatman jail.							
MANNER OF INJURY							
NATURE OF INJURY Gunshot wound in chest.							
24. WAS DISEASE OR INJURY IN ANY WAY RELATED TO OCCUPATION OF DECEASED?							
IF SO, SPECIFY (SIGNED) W. G. Brooks (ADDRESS) Phoenix, Ariz.							